

DIVISION OF DEVELOPMENTAL DISABILITIES PLAN OF CARE ADDITIONAL SECTION FIVE

ME: DDD NUMBER:						
Needs Assessment Number						
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What steps must be taken and/or what	Provider/	Check if		If new,	Prior	
services/supports need to be in place to meet this	Responsible	Waiver	Daily/Wkly/Mthly	what is the	approval	
need?	person?	Funded	Quantity:	start date?	received	
need:	person:	Service	Hrs/Days/Mths	start date:	if needed	
Needs Assessment Number						
		Check if	Frequency?		Prior	
What steps must be taken and/or what	Provider/	Waiver	Daily/Wkly/Mthly	If new,	approval	
services/supports need to be in place to meet this	Responsible			what is the		
need?	person?	Funded	Quantity:	start date?	received	
	p	Service	Hrs/Days/Mths		if needed	
Needs Assessment Number						
Needs Assessment Number						
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What steps must be taken and/or what	Provider/	Waiver	Daily/Wkly/Mthly	If new,	approval	
services/supports need to be in place to meet this	Responsible	Funded	Quantity:	what is the	received	
need?	person?			start date?		
	•	Service	Hrs/Days/Mths		if needed	